



The

Classic Motor-Cycle

Insurance Scheme Proposal Form



YOU THE PROPOSER

| | | |
|----------------------------------|-------------------|--------|
| Full Name | Age | |
| Address | | |
| | Postcode | |
| ID Card No. | Date of Birth / / | |
| Home Phone No. | Daytime Phone No. | E-mail |
| Full-time Business or Occupation | | |

PERIOD OF INSURANCE

I wish my membership of the insurance scheme to start on

| | | |
|------|-------|------|
| Date | Month | Year |
|------|-------|------|

Membership will run for one year. No insurance will be in force until the proposal has been accepted by Gasamamo Insurance Ltd., except as provided by an official cover note issued by or on behalf of Gasamamo Insurance Ltd.

YOUR INSURANCE COVER

Which of the following do you wish to apply ?

COMPREHENSIVE

THIRD PARTY FIRE & THEFT

THIRD PARTY

YOUR MOTOR-CYCLE

| | | | |
|---------------------|--------|------------------|--|
| Make | | Seating Capacity | |
| Model | | Colour | |
| Engine capacity | | Frame No. | |
| Year of Manufacture | | Engine No. | |
| Registration number | | Price paid | |
| Side-Car | YES/NO | Present value | |
| | | | |

Please send a valuation and details of special features, modification and history if any.

Is the motor-cycle owned by you and registered in your name? *If not please give details.*

Yes

No

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SECURITY - YOUR GARAGE

Please give the following details of garaging

| | | | |
|------------------|--|------------|--|
| (a) Address | | (c) Locks | |
| (b) Construction | | (d) Alarms | |

INSURANCE DETAILS

Have you held motor insurance in the last 5 years in your own name ?

Yes No

If "Yes" please give name(s) of insurance company(ies) and renewal dates.

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YOUR MOTOR CYCLE'S DRIVER(S)

Driving is normally restricted to the **Insured Only**, please insert your details below

We can consider including additional drivers at an **additional premium**. If you wish to include additional drivers please give details of **ALL** drivers below

| Full name | Date of Birth | Licence Years held | Business or occupation |
|-----------|---------------|-----------------------|------------------------|
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Driving Record

To the best of your knowledge and belief have you or any other person you have detailed as a driver :

- | | | |
|----------------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) ever had motor insurance cancelled or refused ? | Yes | No |
| (ii) been asked to pay an increased premium (other than normal rate increases) or had special conditions imposed ? | Yes | No |
| (iii) any physical or mental defect or infirmity or suffered from diabetes, fits, fainting attacks or heart complaint ? | Yes | No |
| (iv) in the past 3 years had any accident or claim ? | Yes | No |
| (v) in the past 5 years had your/his/her driving licence suspended ? | Yes | No |
| (vi) in the past 5 years had any convictions (including fixed penalties) or is any prosecution or police enquiry pending ? | Yes | No |

If you have answered "YES" to any of these questions please give full details

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GENERAL

Have you or your spouse ever been :

- | | | |
|---------------------------------------------------------------------------|-----|----|
| (a) convicted of or charged (but not yet tried) with a criminal offence ? | Yes | No |
| (b) declared Bankrupt or Insolvent ? | Yes | No |

If "YES" please give details

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DECLARATION

VERY IMPORTANT You are reminded of the need to disclose any facts which the insurer would take into account in the assessment and acceptance of this proposal. If you have any doubts as to whether certain facts are relevant please ask your Insurance Adviser. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully. It is an offence under the Motor Insurance (Third Part Risks) Ordinance to make any false statement or withhold any material /information for the purpose of obtaining a certificate of motor insurance. A copy of the policy is available on request. This insurance does not commence until this proposal has been accepted by us and the premium paid except as provided by an official Cover Note or Certificate of Insurance issued by us.

Professional Secrecy Act

Information on this form or any subsequent claim form along with other relevant information may be shared with other Insurers as part of an exercise to combat the ever-increasing problem of insurance fraud. Signature of this proposal form confirms your consent to this fact-sharing exercise. Details shared are limited to what is absolutely necessary within the strict bounds of confidentiality and we will always regard your file as being a document protected by the Professional Secrecy Act - **TOGETHER WE CAN FIGHT FRAUD.**

Data Protection Notice

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We maybe required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations.

In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from GasanMamo Insurance Ltd.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, GasanMamo Insurance Ltd, Msida Road, Gzira GZR 03.

Signature

Date / /

Please return to :
GasanMamo Insurance Ltd
Msida Road,
Gzira GZR 03
 insurance@gasanmamo.com